



# FIRST STEPS Early Intervention System Eligibility Determination Documentation Instructions



SPOE: \_\_\_\_\_ Date: \_\_\_\_\_

\* Intake Coordinator/Service Coordinator: \_\_\_\_\_

MC+ Managed Care Case Manager: \_\_\_\_\_

\* Child's Name: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_

\* Parent/Guardian Name: \_\_\_\_\_ \* Date of Referral: \_\_\_\_\_

Eligibility determination activities pursuant to Sections 303.300 and 303.322 of  
34 C.F.R. Part 303 were conducted for this child and resulted in the findings as stated below.

*This document provides a consolidated recording of those events, activities and source documents used to determine a child's eligibility for First Steps. The intent of the form is to guide the Intake Coordinator through the various approaches to the determination of eligibility beginning with the use of medical diagnosis and informed clinical opinion PRIOR to the administration of any assessments including formal testing or other diagnostic services. Depending upon the individual situation, not all sections of this form will be used. These sections should be marked with a N/A for "not applicable" and not left blank. In completing this form, the Intake Coordinator is responsible for recording the specific information from the EI Record that is applicable to eligibility determination. The Intake Coordinator is responsible for ensuring that all requirements for eligibility determination are met. Once completed, this form is then used by the System Point of Entry (SPOE) for data entry purposes and is retained in the child's Early Intervention Record maintained at the System Point of Entry. A copy of the completed form should be provided to the family and available to other providers involved in the development of the IFSP or in ongoing service delivery.*

## 1. \* Statement of Concern/Reason for Referral

*Eligibility determination begins at referral. The reason(s) for referral MAY determine eligibility, such as a diagnosis of Down syndrome (medical diagnosis). In the case of medical diagnosis, the physician documents the diagnosis. In the case of "other conditions," the physician must state that this condition is likely to cause or contribute to developmental delay or disability.*

*If the referral documents either established (medical diagnosis) or "other conditions," it should be documented in this section and the Intake Coordinator would go to page 3 to complete the eligibility documentation. All physician documentation must be signed and dated by the physician, or the physician's designated representative, and a copy must be maintained in the child's EI record.*

*If the reason for referral is due to a suspected developmental delay, record information about the area(s) of concern.*

*The reason(s) for referral also begin to identify the type(s) of EI professionals to be involved in the eligibility determination process, and/or the IFSP development activities.*

## 2. Family Members' Statement of Concern about Referral

*During the initial contact with families, the Intake Coordinator discusses the reason(s) and source of referral with the family. Does the family share these concerns? Do they have additional concerns? If so, what are these? This family report is recorded on the Combined Enrollment/Social History Form and is summarized in this section of the Eligibility Determination Documentation. If the family has no concerns about their child's development, this would be so stated in this section.*

*If the family agreed with the reason for referral, their statements would be reported in this section. If the family has different concerns from those presented by the referral source, these should also be reported also in this section.*

*DO NOT LEAVE THIS SECTION BLANK.*

## 3. Combined Enrollment Application/Social History Interview

*The comprehensive Combined Enrollment/Social History interview includes information that may assist in the determination of eligibility.*

*The Intake Coordinator must determine what information OF RELEVANCE TO ELIGIBILITY was obtained in the course of this interview.*

*Record a summary of the information that pertains to eligibility.*

*IF NOTHING IS NOTED IN THE INTERVIEW THAT CAN BE APPLIED TO ELIGIBILITY, THIS SECTION IS MARKED N/A.*

## 4. Review of Pertinent Records including vision, hearing and developmental screening

*During the intake activities, the family will identify a variety of sources of existing information that should be requested IF APPLICABLE to the eligibility determination or service delivery planning process. Existing information might include results of developmental assessments, checklists, or screening. Signed releases from the family should be completed for each information source. It is important to obtain all existing information that is relevant to the eligibility and/or service planning process and to avoid any duplication of screening or other activities needed to complete this step of the First Steps process.*

*In addition to requesting this information in writing, the Intake Coordinator could contact the information source by telephone and request the information verbally after that information source has received the signed release of information form. This should help to meet the 45-day timeline between referral and IFSP development. A signed copy of the original document should still be received from the source, but their verbal input may be documented by the Intake Coordinator in the child's EI Record. The Health Summary may be used to record information from the physician's office obtained via a telephone call, but the original signed document must still be obtained and filed in the EI Record. This section would include documentation of any medical evaluations performed and the application of this information upon eligibility determination.*

*Formal developmental screening is not a required step in the eligibility determination process. However, if general developmental information in all domains is not available about the child at referral, it would be best practice to have the child screened. Some resources for screening at the present time are Parents as Teachers, physicians, and Well Baby Clinic at county health departments. If the child has not had a comprehensive developmental screening within a reasonable period of time, or if the results of this screening are not available, the Intake Coordinator may assist the family to obtain this screening if needed.*

*Nutrition screening and or evaluation would be appropriate if there are nutrition concerns.*

*It may be appropriate for the SPOE to authorize the services of a nurse to review medical records and develop a nursing summary to help determine eligibility. This reduces the potential duplication of assessment or screening activity and ensures that all relevant medical information is used in the decision-making process and reflected in documentation.*

*DO NOT LEAVE THIS SECTION BLANK - USE N/A IF APPROPRIATE.*

## 5. Intake Coordinator Observation

*It may be appropriate for the Intake Coordinator to document observations made of the child while conducting a home visit, however this is not required in order to determine a child's eligibility for First Steps.*  
**DO NOT LEAVE THIS SECTION BLANK - USE N/A IF APPROPRIATE.**

IS THERE SUFFICIENT INFORMATION AVAILABLE IN ITEMS 1-5 TO MAKE AN ELIGIBILITY DETERMINATION? \_\_\_\_\_ Yes (Proceed to Section 7)  
\_\_\_\_\_ No (Continue with Section 6)

*Remarks: Complete this section to document whether or not the information gathered through the referral/intake process was sufficient to determine if the child's eligibility for First Steps. If sufficient information was obtained, eligibility can be determined. If the material collected is insufficient to determine eligibility, the Intake Coordinator will arrange for assessments/observations that are necessary to determine eligibility. These assessment results are summarized in Section 6.*

## 6. Formal Evaluation/Assessment/Structured Observation Information

Domain	Method/Instrument Used	Clinician Name/ Date Administered	Statement of Child's Level of Performance (Age equivalency if possible)
Cognition			
Physical Dev.			
Communication			
Social/Emotional			
Adaptive Dev.			

*For formal and informal assessments: Indicate the assessment instrument(s) used to evaluate the child. Indicate the name(s) of the individual who administered the test and the date of testing. Summarize the scores and age equivalency data.*

*For structured observations: Indicate the checklist or assessment instrument(s) used during the observation. List the name of the individual who conducted the observation. List the age equivalency data that was obtained during the process.*

7. \_\_\_\_\_ Determined ELIGIBLE

*IF ELIGIBLE, use the sections below to document which one of the three (3) types of eligibility have been documented and how this decision was made. Complete the information blanks as appropriate.*

*The order of the eligibility documentation reflects the easy identification and documentation, including data entry, of eligibility for First Steps. ICD-9 code detail has been added to ensure accuracy of the diagnosis and eligibility assignment. This code should be assigned by the Intake Coordinator and not the SPOE administration staff person responsible for data entry.*

7a. \_\_\_\_\_ DOCUMENTATION OF ELIGIBILITY THROUGH PHYSICIAN CONFIRMATION OF CONDITIONS DIAGNOSED AT BIRTH OR WITHIN 30 DAYS POST BIRTH (NEWBORN CONDITIONS) (Attach NICU Referral/Physician Statement)

\_\_\_\_\_ Very Low Birth Weight (VLBW: less than 1,500 grams) **with** one or more of the following conditions:

\_\_\_\_\_ Apgar of 6 or less at 5 minutes

\_\_\_\_\_ Intracranial bleeds (Grade II, III, or IV)

\_\_\_\_\_ Ventilator dependent for 72 hours or more

\_\_\_\_\_ Asphyxiation

Diagnosis \_\_\_\_\_ ICD-9 CODE \_\_\_\_\_

*Newborn conditions are conditions diagnosed at birth or within 30 days post birth. That means that the criteria listed has to be diagnosed at birth or within 30 days post birth, not that the child has to be referred to First Steps within 30 days post birth.*

**OR:**

7b. \_\_\_\_\_ DOCUMENTATION THROUGH PHYSICIAN CONFIRMATION OF MEDICAL DIAGNOSIS: \_\_\_\_\_ ICD-9 CODE \_\_\_\_\_

\_\_\_\_\_ Medical Diagnosis

**OR:**

7c. \_\_\_\_\_ DOCUMENTATION OF ELIGIBILITY THROUGH CONFIRMATION OF DEVELOPMENTAL DELAY: \_\_\_\_\_ ICD-9 CODE \_\_\_\_\_

\_\_\_\_\_ Functioning at half the developmental level in at least one (1) developmental domain that would be expected for a child considered to be developing within normal limits and of equal age List Area(s) \_\_\_\_\_

OR

\_\_\_\_\_ Decision made through informed clinical opinion

Rationale

\_\_\_\_\_  
\_\_\_\_\_

*In order to arrive at eligibility using informed clinical opinion, documentation must be thorough enough to support the decision. The ICD-9 code 315.9 may be used for developmental delay if no other ICD-9 code has been assigned.*

8. \_\_\_\_\_ Determined NOT Eligible

*If after reviewing and gathering all information, there was not sufficient evidence to determine the child eligible, indicate this here, and provide the parent with a Notice of Action - Ineligible.*